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CONFIRMATION NO. 8365

<b>SERIAL NUMBER</b> 10/608,999	<b>FILING OR 371(c) DATE</b> 06/27/2003 <b>RULE</b>	<b>CLASS</b> 607	<b>GROUP ART UNIT</b> 3766	<b>ATTORNEY DOCKET NO.</b> 04644-126001
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## APPLICANTS

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*verified KOM*

## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CIP of 10/067,475 02/04/2002 ABN

*verified KOM*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

*none KOM*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*  
09/23/2003

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY MA	SHEETS DRAWING 7	TOTAL CLAIMS 61	INDEPENDENT CLAIMS 10
Verified and Acknowledged	<i>KOM</i> Examiner's Signature Initials				

## ADDRESS

26161

## TITLE

Medical electrodes with long storage life

<b>FILING FEE RECEIVED</b> 3088	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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